

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		6/20/01
O.I.P.E. CLASSIFIER		10	6-28-01
FORMALITY REVIEW	D.	JC 872	08-10-01
RESPONSE FORMALITY REVIEW	Tequest	925	12-19-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	6-11-03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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26 8/16  
 08/10/01  
 536  
 12-12-01